Emergency Medical Services Council

Health Services Building – MC L963
525 Portland Avenue South
Minneapolis, MN 55415-1569

612-348-6001, Phone
chd.ems@co.hennepin.mn.us

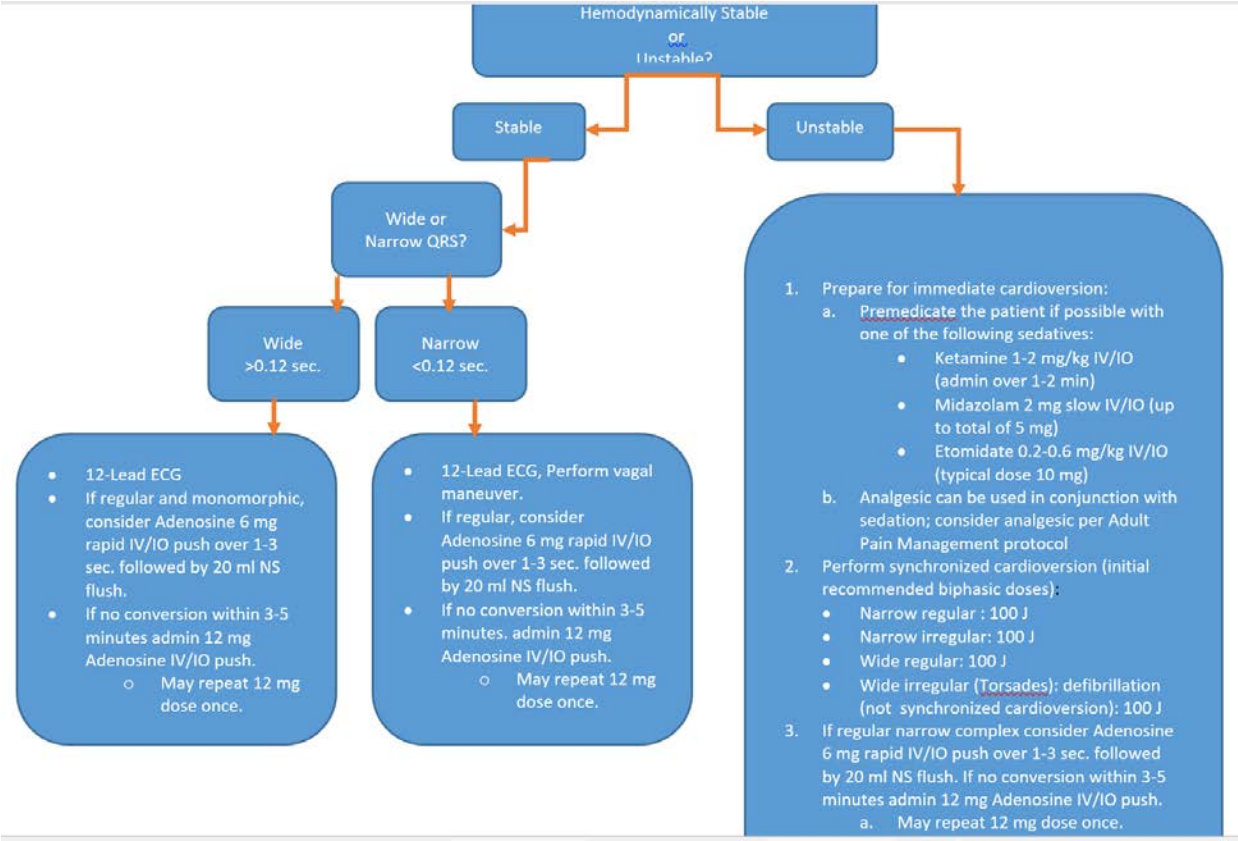
Medical Standards Committee
Thursday, December 07, 2017, 9:30 a.m. - 11:30 a.m.
Edina Fire Station #1
6250 Tracy Avenue, Edina 55436

Draft Minutes

Present	Absent
1. Wade Brennom, M.D., Abbott Northwestern Hospital 2. Ellen Cales, M.D., proxy for Scott Bentz, M.D., Mercy Hospital 3. Doug Gesme, Hennepin EMS 4. Todd Joing, M.D., Fairview Southdale Hospital 5. Doug Kayser, Ridgeview Ambulance Service 6. David Ladmer, M.D., Methodist Hospital 7. Michelle London, M.D., Minneapolis Children's Hospital (Chair) 8. John Lyng, M.D., North Ambulance Service 9. Paul Nystrom, M.D., Edina Fire Department 10. Kelly Simon, UMMC 11. Kevin Sipprell, M.D., Ridgeview Ambulance 12. Andrew Stevens, M.D., proxy for Charles Lick, M.D., Allina Health EMS 13. Angela Walker, Hennepin EMS	1. Jeff Ho, M.D., Hennepin EMS
Guests	**Staff**
• Lisa Pearson, UMMC	1. Matthew R. Maxwell 2. Kristin Mellstrom

Welcome and Introductions – Chair Michelle London called the meeting to order at 9:30 a.m. with a quorum present. After introductions, the proposed December 7, 2017 agenda and meeting summary from September 7, 2017 were approved.

Adult Tachycardia – The Committee reviewed the following flow-chart format of the adult tachycardia protocol and accepted it "as is." This will replace the text versions of the stable and unstable adult tachycardia protocols in the ALS Medical protocol book.



Pediatric Pain Management – The Committee discussed the pediatric pain management protocol. Underlined text represents proposed new language; strikethrough text represents proposed deleted language.

This protocol is to be used to provide relief of pain when indicated for pediatric patients. This protocol is NOT to be used in cases where the patient meets any of the following:

- Is hypotensive (i.e. clinical signs of poor perfusion, capillary refill greater than two seconds)
- Complains of abdominal pain
- Has sustained a head injury
- Has pain determined to be cardiac in origin
- Is in active labor

Standing Orders

A. Assess the patient's pain on 0-10 scale if possible or use other scale if necessary. ~~See the Table of Contents for the Wong-Baker Pain Rating Scale~~

B. Inform the patient and/or guardians that pain is an important diagnostic parameter and the goal of this protocol is to relieve suffering, not totally eliminate pain

C. Administer one of the following service dependent medications:

1. ~~Administer~~ Morphine Sulfate x 1 at 0.1 mg/kg IV/IM/SQ (up to maximum dose of 5 mg)
2. If pain is of a traumatic origin (non-cardiac), consider Ketamine:
    A. IV/IO route 0.2 mg/kg (maximum dose 50 mg); may repeat every 15 minutes. Reassess the patient's pain scale and if necessary administer a second dose 0.2 mg/kg IV/IO
    B. IM route 0.4 mg/kg (maximum dose 50 mg); may repeat every 30 minutes. Reassess the patient's pain scale and if necessary administer a second dose 0.4 mg/kg IM
3. Nasal Fentanyl
    a. 1mcg/kg (up to 100mcg per single dose) IV/IO/IM/IN
        - Intranasal administration should not exceed 0.5ml per nostril
    b. May repeat 0.5mcg/Kg IV/IO/IM/IN (up to 50 mcg/repeat dose) every 10 min, not to exceed cumulative dose of 200mcg
4. Inhaled Nitronox may be used as an alternative if available
5. NOTE: Refer to pediatric reference (e.g., Broselow Tape) if assistance is needed with pediatric vital signs or drug dosage calculations.

D. Monitor the patient's vital signs. If respiratory depression or hypotension occurs after administration of Morphine Sulfate, ventilate the patient as necessary and administer naloxone (Narcan) 0.01 mg/kg IV (up to a maximum dose of 0.4 mg)

After Obtaining Verbal Orders
E. Consider initial or additional pain medication as appropriate.

STEMI Policy – The Committee continued its discussion on the draft Seven-County Metro Region EMS System Transport Policy for STEMI Patients. The draft Policy represents an almost entirely new policy and was developed in response to recognition that the Policy had not been reviewed in nearly fifteen years and patient volumes, number of STEMI hospitals in the region, and existing best practices have changed in that time.

Staff explained that the State of Minnesota does not have a mandatory cath lab designation system (just a voluntary one – and no metro hospitals have been designated yet), and while there are nationally recognized cath lab certifying organizations (such as the American Heart Association or the American College of Cardiology/Society of Cardiovascular Patient Care) there is no local or statewide requirement that hospitals must pursue certification for the provision of emergency care for STEMI patients in order to receive emergent STEMI patients.

Staff indicated that the current Seven County Metro STEMI Transport Policy doesn't "designate" STEMI centers (i.e. a hospital doesn't need to "apply" to the EMS Council to be a STEMI center), it simply recognizes those that have met criteria [in the Policy] and lists them as an appropriate STEMI receiving center for EMS transports. Staff added that the EMS Council and EMS Unit have limited ability and authority to police hospital compliance with the current [and proposed] Policy.

The Committee discussed the provisions of the draft Policy, potential barriers to implementation, and reached shared agreement that the STEMI hospitals in the region have cath lab certifications. The Committee agreed to revise the draft Policy to the following:

1. A STEMI patient is defined as a patient who presents with concern for acute coronary syndrome and 12-lead findings that are consistent with STEMI.
2. A STEMI Receiving Center is identified as:
    a) a hospital designated as a STEMI Receiving Center by the State of Minnesota Department of Health in accordance with MN Statute 144.4941; or
    b) a hospital meeting state STEMI Receiving Center designation criteria (outlined in the state designation application).

The Committee also recommended the EMS Council require STEMI hospitals verify their STEMI hospital certification status annually. EMS Unit staff would disseminate a letter annually requesting this information. The Committee also reached consensus to forgo holding a public comment period for the draft Policy.

Staff voiced concern that, per their understanding from conversations with the State, only one hospital in the west metro area has a cath lab certification for the provision of emergency care for STEMI patients, and those hospitals that don't wouldn't meet the proposed Policy criteria in #2. The Committee directed Staff to verify this by contacting each STEMI hospital's cath lab coordinator to determine which certifications their hospitals have for the provision of emergency care for STEMI patients.

Minnesota Department of Health Hospital Closure Data – Reviewed the latest report. No further discussion

Future meetings, Thursday 9:30-11:30 a.m., at Edina Fire Department:

- March 1, 2018
- June 7, 2018
- September 6, 2018
- December 6, 2018

Adjourn – The meeting adjourned at 11:10 a.m.